



# APPLICATION FOR DISABILITY PARKING PLACARD OR DISABILITY PLATE

State Form 42070 (R5 / 3-03)

INDIANA BUREAU OF MOTOR VEHICLES

## APPLICANT INFORMATION (Please Print)

Name of applicant (first, last, middle initial)

Address (number and street, city, state, ZIP code)

Social Security number

Federal ID number

Date of birth (month, day, year)

In accordance with IC 4-1-8-1 disclosure of your Social Security number is MANDATORY, and this record cannot be processed without it. Confidential information is being asked for herein due to IC 9-14-5.

## SECTION 1 - APPLICATION FOR DISABILITY PLATE

(You must present this form at a License Branch within your county of residence to receive a Disability Plate)

A. I am qualified to receive a Disability Plate because (check one):

- ☐ I have permanent disability that requires the use of a wheelchair, walker, braces or crutches.
- ☐ I have permanently lost the use of one or both legs.
- ☐ My mobility is permanently restricted due to a pulmonary or cardiovascular disability, arthritic condition, orthopedic condition or neurological impairment. This requires the completion of SECTION 3A - "Practitioner's Certification" on the bottom of this form (a separate attachment is not acceptable).
- ☐ I am permanently blind or visually impaired as defined by IC 12-7-2-21 or 12-7-2-198. This requires the completion of SECTION 3B - "Practitioner's Certification" on the bottom of this form by an optometrist or ophthalmologist (a separate attachment is not acceptable).
- ☐ I have been issued a permanent parking placard under 9-14-5.

I affirm under the penalties of perjury that the foregoing representations are true (parent or legal guardian must sign for persons under the age of sixteen).

## FOR BRANCH USE ONLY

Signature

Date (month, day, year)

Plate number

NOTE: A person who knowingly and falsely represents himself as having the qualification to obtain a disability placard commits a Class C misdemeanor pursuant to IC 9-18-22-6.

B. If plate is issued to person other than the disabled person then the recipient of the plate must complete the following:

Name of applicant (first, last, middle initial)

Address (number and street, city, state, ZIP code)

Social Security number

In accordance with IC 4-1-8-1 disclosure of your Social Security number is MANDATORY, and this record cannot be processed without it. Confidential information is being asked for herein due to IC 9-14-5.

I affirm under the penalties of perjury that the vehicle to be registered with the plate applied for on this form is used regularly to transport the person qualifying herself / himself as disabled on this form.

Signature

Date (month, day, year)

## SECTION 2 - APPLICATION FOR DISABILITY PARKING PLACARD

(You must present this form at any Indiana License Branch to obtain a Disability Parking Placard.)

A. I am: (check one)

- ☐ Applying for a new Disability Placard
- ☐ Renewing my Disability Placard
- ☐ Applying for a duplicate Disability Placard
- ☐ Applying for an additional Disability Placard

B. I am qualified to receive a Disability Placard because (check one):

- ☐ I have a disability that requires the use of a wheelchair, walker, braces or crutches.
  - ☐ Temporarily
  - ☐ Permanently
- ☐ I have lost the use of one or both legs.
  - ☐ Temporarily
  - ☐ Permanently
- ☐ My mobility is restricted due to a pulmonary or cardiovascular disability, arthritic condition, orthopedic condition or neurological impairment. (This requires the completion of SECTION 3A of the Practitioner's Certification on the back of this form. A separate attachment is not acceptable.)
  - ☐ Temporarily
  - ☐ Permanently

## SECTION 2 - CONTINUED

B. I am qualified to receive a Disability Placard because (check one):

4. ☐ I am permanently blind or visually impaired as defined by IC 12-7-2-21 or 12-7-2-198. (This requires the completion of SECTION 3B of the Practitioner's Certification below by an optometrist or ophthalmologist. A separate attachment is not acceptable.)
5. ☐ The above-named corporation, partnership or unincorporated association operates programs (including the provision of transportation), or facilities for persons with disabilities and is empowered by the State of Indiana or it's political subdivision to do so.

I affirm under the penalties of perjury that the foregoing representations are true (parent or legal guardian must sign for persons under the age of sixteen).

Signature

Date (month, day, year)

NOTE: A person who knowingly and falsely represents himself as having the qualification to obtain a disability placard commits a Class C misdemeanor pursuant to IC 9-14-5-9.

## SECTION 3 - PRACTITIONER'S CERTIFICATION

Please complete Section 3A or 3B and sign in Section 3C.

Applicant is responsible for any costs associated with completion of certification.

### SECTION 3A - PHYSICIAN'S AND CHIROPRACTOR'S CERTIFICATION

A. I certify that \_\_\_\_\_ is severely restricted in mobility due to a pulmonary or cardiovascular disability, arthritic condition, orthopedic condition or neurological impairment. This severe restriction in mobility is (check one) ☐ permanent ☐ temporary and is expected to end on \_\_\_\_\_ 20 \_\_\_\_\_. (NOTE: The expected date must be filled in for temporary disabilities.)

B. I am (check one and sign Section 3C):

1. ☐ A physician having an unlimited license to practice medicine in Indiana.
2. ☐ A physician who is a commissioned medical officer of the armed forces of the United States or the United States Public Health Service.
3. ☐ A chiropractor licensed under IC 25-10-1.
4. ☐ A podiatrist licensed under IC 25-29-1.
5. ☐ A physician who is a medical officer of the Veterans Administration of the United States.

### SECTION 3B - OPHTHALMOLOGIST'S AND OPTOMETRIST'S CERTIFICATION

A. I certify that \_\_\_\_\_ is permanently blind or visually impaired as defined by IC 12-7-2-21 or 12-7-2-198.

B. I am (check one and sign Section 3C):

1. ☐ An ophthalmologist licensed to practice in Indiana.
2. ☐ An optometrist licensed to practice in Indiana.

### SECTION 3C - PRACTITIONER'S SIGNATURE

Signature of practitioner

Date (month, day, year)

Printed name (first, last, middle initial)

Address (number and street, city, state, ZIP code)

Telephone number

License number

#### FOR BRANCH USE ONLY

PLACARD NUMBER(S)

1

2

3

4

5

Date of application (month, day, year)

Date of application (month, day, year)